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CONFIRMATION NO. 6510

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/616,477	<b>FILING OR 371(c) DATE</b> 07/14/2000 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2616	<b>ATTORNEY DOCKET NO.</b> 10,0819
<b>APPLICANTS</b> CHRIS R. NOEL, ACTON, MA; COREY SIMONS, WALTHAM, MA; JOSEPH D. KIDDER, ARLINGTON, MA; NICHOLAS A. LANGRIND, CARLISLE, MA; BRIAN BRANSCOMB, HOPKINTON, MA; JONATHAN D. MADSEN, ARLINGTON, MA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/613,940 07/11/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/20/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 61	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 22474				
<b>TITLE</b> UPPER LAYER NETWORK DEVICE INCLUDING A PHYSICAL LAYER TEST PORT				
<b>FILING FEE RECEIVED</b> 720	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	